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	·	337-8	895		
		Name of C	aller/Phone #	X North PATIF	NT EDUCATION 3
		6		CA Preven	
•		PCP: M.EL	llman	DM Diet DM Foot C	lane
-	•			Drugs/ETC	
				Exercise Nutrition	
BP	Pulse Weight P	Pain (0-10) Pain Contract Prime	∌MD 	1,100,120,1	
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to vice	up pain co	stact. 15	Ekilen -1	MA-	
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	S Carn C 10 1	Marine.			
2. 3, 4 = Primery Dispressa:	P = Pharmacy Diagnosis L = Labo	netory Diagnosis R = Radiology Dia	onosis * = Primary Disano	sis & Test	:
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	+ · · · · · · · · · · · · · · · · · · ·	,			Provider Signature
LLEN,TODD ANDREW	IHS Eligibility: CHS & DII	RECT 35 y/o made	`		-

Last	revised	4/19/02

ANMC_Chronic Pain Program General Agreement

Patient	Toda Allen	· 	Address: _	5303€3#	Anthog At 9480}
Provide	er: Mara Free	men	Office Address:		
S	-		, ,		not expected to go away articipating in the ANMC
B. I 1. 2 3 4 5	 Minimize side effect Improve my physical Improve my ability t 	severity, frequency of is from any medication and emotional function o participate in my re	of flares, and d ons that I toke oning chabilitation		portment visits
1. 2 3	. Attend 3-6 meeting: . Set reasonable goals . Follow the recomme	ent meetings with my s with the assigned he s every 3-6 months to	case manager o calth educator reduce my paid ders to particip	r provider to evaluate to learn obout ways to n;	
	may also wish to impro ong-term Use of Pain M		l medication. I	f I take opiaids, I will	l sign the "Agreement for
1. 2	 Once I sign a treath For many people living plan is critical for sufficients listed below 	ar, active participation ment plan, I will keep on mg with chranic pain, access. Your provider of ta see how they co	all agreements involvement and or case manag in help you in	d support by family a er may want to conta	ach my treatment goals nd friends in a treatment ct the family members or pain program treatment
	heck my progress:			embers, friends or pe formation on My Condi	cople I work with to help -
ė,		Address	. , .	Phone	Relation
Myr	a Allen	Bux 1834 Cm	dova AK	102 907 4243	scsy Me Her

Nome: A State of the state of t	-Address	Phone	Relation
101 Myra Allen		102 907 4243084	methy
161 Kin Alan	5307 E.30th Anch.	162 337-8895	Wife
1c1 Lloyd Kampkat	· Valida z	102 835-3223	Friend

	2. Patient Signature and Date	Cold	ace	12-12-02
. ,-	Provider Signature and Date		·	

1

Last revised 4/29/02

ANMC Chronic Pain Program Patient Contact Information

Patient:

Provider:

Case Manager:

Contact Name:

The patient listed above is participating in the Chronic Pain Program at the Family Medicine Clinic at the Alaska Native Medical Center. The patient has listed you as an individual that the provider listed above or their Case Manager may call and talk with about the progress of the patient.

The Provider or Case Manager will not disclose any specific medical information about the patient. The Provider or Case Manager will ask questions related to the patient's progress with the Chronic Pain Program.

Patient Signature

Provider Signature Date Last revised 6/14/02

ANMC Chronic Pain Program Patient Health Questionnaire

Document 81-3

Item	Question	Response
1	What is your name?	Name Todal A. Allan
2	How old are you?	Age in years 35 4/5
3	Are you male or female?	Male
	·	Female
4	Today's Date	
5a	Questions about Anxiety:	No
	In the <u>last 4 weeks</u> , have you had an anxiety ottack	Yes
	Suddenly feeling fear or panic?	If yes, complete 55-5d. If no, go to question 7
5b	Has this ever happened before?	No
···		Yes
5c	Do some of these attacks come suddenly out of the blue	No
		Yes
A STATE OF THE STA	that is, in situations where you don't expect to be nervous or uncomfortable?	
5d	Do these attacks bother you a lot or are you worried	No
ļ	about	Yes
	having onother attack?	
	Think about your last bad anxiety attack	Date:
6а	Were you short of breath?	No
·		Yes
6b	Did your heart race, pound, or skip?	No
		Yes
6c ·	Did you have chest pain or pressure?	No
		Yes
6d	Did you sweat?	No
		Yes
be	Did you feel as if you were choking?	No
		Yes
6f	Did you have hot flashes or chills?	No
		Yes
6g	Did you have nausea or an upset stomach, or the feeling	No
	that you were going to have diarrhea?	Yes
6h	Did you feel dizzy, unsteady, or faint?	No
		Yes
6I	Did you have tingling or numbness in parts of your body?	No
		Yes
6 <u>j</u>	Did you tremble or shake?	No
		Yes

035

,		WISEG 0714702	/ -
·	6k	Were you afraid of dyi	No
		Over the <u>last 4 weeks</u> , how often have you been bothered by any of the following?	
enjen – ny 2-araben	.7a	Feeling nervous, anxious, on edge, or worrying a lot about different things?	Not at all
			If you circled "not at all", go to question 8. If you circled several days or more than \(\frac{1}{4}\) the days, complete 7b to 7g.
	7b	Feeling restless so that it is hard to sit still	Not at all O'Several days 1 2 weeks or more 2
	7c	Getting tired very easily	Nat at all O Several days I 2 weeks or more 2
	7d =	Muscle tension, aches, ar soreness	Not at all
ini da	7e	Trouble falling asleep or staying asleep	Not at all 0 Several days 1 2 weeks or more 2
	7f	Trouble concentrating on things, such as reading a book or watching TV	Not at all Several days 1 2 weeks or more 2
	79	Becoming easily annoyed or irritable	Not at all
	8	Do you ever drink alcohol (including beer or wine)?	No 0 Yes 1
,			If you checked "No", go to question 12. If you answered "Yes", answer questions 9, 10, and 11 a to 11e.

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Last revised 6/14/02

1	9	On an average day/night when you are drinking, how much	That # minimum A man & date I
E COMP		alcohol do you drink?	List # arinks and type of drink 19/055 MINE
AND	10	During a time when you are drinking a lot, haw much	List # drinks and type of drink
	per tre	alcohol do you drink?	19/455 wore
iane on		Have any of the following happened to you more than once in the last 6 months?	-
	11a	Drank alcohol even though a dactor suggested that you stop drinking because of a problem with your health	No
	11b	Drank alcohol, were high from alcohol, or hung over While you were working, going to school, or taking care of children or other responsibilities?	No G Yes 1
e me	IIc Spirit	Missed or were late for work, school, or other activities because you were drinking or hung over	No - 0" Yes 1
en e	11d	Had a problem getting along with other people while you were drinking	No. 0 Yes 1
	lle	Drove a car after having several drinks or after drinking too much	No 0 Yes 1
2000 2000 2000 2000	12	Do you ever use non-prescription drugs other than over- the-counter drugs?	No. 0 Yes 1 If you checked "No", go to question 16. If you answered "yes", answer
1964 (1) 1410 (1)	13	During an average time when you are using drugs, how much do you use?	questions 13, 14, and 15a to 15e. List # drugs and type of drugs
	I4	During a time when you are using drugs a lot, how much drugs do you use?	List # drugs and type of drugs
		Have any of the following happened to you more than once in the last 6 months?	
	15a	You used drugs even though a doctor suggested that you stop using because of a problem with your health	No

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15ь	Ued drugs, were high from taking drugs while you were	No0
	working, going to school, or taking care of children or	Yes 1
	other responsibilities?	
15c	Missed or were late for work, school, or other activities	No0
	because you were using drugs	Yes1
1 5d	Had a problem getting along with other people while	No
	you were using drugs	Yes
15e	Drave a car after using drugs ************************************	No0
	A second	
16	If you checked off any problems on this questionnaire,	Yes 1 Not difficult at all 6
70	how <u>difficult</u> have these problems made it for you to do	Somewhat difficult1
	your work, take care of things at home, or get along with	Very difficult3
	other people?	Extremely difficult4
	In the <u>last 4 weeks</u> , how much have you been bothered	
	by any of the following problems?	
	the first of the state of the s	
17a	Worrying about your health	Not bothered
	And the second of the second o	Bothered a little2
(600±1 == 1		Bothered a lat3
175.	Your weight or how you look	Nat bothered
	,	Bothered a little2
		Bothered a lot3
17c	Little or no sexual desire or pleasure during sex	Not bothered1
***.		Bothered a little
A\$	عبر بالقائي مشتشفية المربطية بمنازي أثرا أثران الأراب المراب	Bothered a lot
17d 🗤	Difficulties with husband/wife, partner/lover or	Not bothered
w. ×	boyfriend/girlfriend	Bothered a little2
1972.		Bothered a lat3
17e	The stress of taking care of children, parents, or other	Not bothered
;·.	family members	Bothered a little2
	·	Bothered a lot3
17f	Stress at work outside of the hame or at school	Not bothered
		Bothered a little2
		Bothered a lot3
17g	Financial problems or worries	Not bothered
-	•	Bothered a little
		Bothered a lot
17h	Having no one to turn to when you have a problem	Not bothered.
-/	rianing to site to term to time the content of the content	Bothered a little2
		Bothered a lot
171	Samething bad that happened recently	Not bothered 1
1/ L	Gorne Linui and Linui undobesse a sciention	Bothered a little2
		Bothered a lot
17:	The state of the s	
17j	Thinking or dreaming about something terrible that	Nat bathered
	happened to you in the past - like your house being	Bothered a little2
	destroyed, a severe occident, being hit or assaulted, or	Bothered a lot
	being forced to commit a sexual act	

038

8	In the last year, have y seen hit, slapped, kicked, or	(No.)
	otherwise physically hurt by someone, or has anyone	Yes
	forced you to have an unwanted sexual act?	, —————————————————————————————————————
, .	What is the most stressful thing in your life right now?	
	To food + pain of T.M.J. decto	
	The frequent pain of T.M.J. dee to an incident I was Involved in	
179		
0	Are you taking any medicine for anxiety, depression,	(No0
è.	stress?	Yes1
*	Twas taking Paxil, not on the pills arymore	
	not on the pills arymore	Please list:
er Various		ł
	FOR WOMEN ONLY (Questions about menstruction,	
	pregnancy, and childbirth).	
i Etua		
1a	Which best describes your menstrual periods?	Periods are unchanged
14 mm	Marine Marin	No periods because pregnant, or
ik.e.	1 4	recently gave birth
130 to	The second of th	Periods have become irregular or
	•	changed in frequency, duration or amount
		No periods far at least a year
7.7		Having periods because taking
		harmone replacement therapy or oral
ı b	Duning the week hefere your period starts do you have	contraceptive
ىد طا جىرىت	During the week before your period starts, do you have a	1
April 1985	serious problems with your mood, like depression,	No (does not analy)
and the second	anxiety, irritability, anger, or mood swings?	No (does not apply)
put in	Tives de the complete of the second by the second of the s	Yes2
元 (元 (元 (元 (元 (元 (元 (元 (元 (元 (元 (元 (元 (元	If YES, do these problems go away by the end of your	No (does not not)
10 To 2 9	period?	No (does not apply)1
ld	Line ver airea bireb mishin she leas & marshed	Yes2
ш 	Have you given birth within the last 6 months?	No (does not apply)
٠.		Yes 2
e	Have you ever had a miscarriage within the last 6	,
	months?	No (dogs not apply)
		No (does not apply) 1
1f	Are you having difficulty getting pregnant?	Yes2
1	Vis Ann uganing art Licenta Bertung besauguss	No (dono not applie)
		No (daes not apply)
		Yes2
		•
	Patient's Signature	Date
	Provider's Signature	Date

039

Last revised 4/23/02

ANMC Chronic Pain Program Agreement for Long-term Use of Opioid Pain Medications

Opioid pain medications such as morphine, oxycodone, and codeine are some of the strongest known pain relievers. These medicines may be very helpful for same patients with chronic pain. Some patients say they are able to do more activities when they take these medicines. Most people also say they get a great deal of relief from their pain but do not get complete pain relief.

When I sign this paper I am saying that I understand that taking these opioid medications over a long period of time may cause some side effects. These opioid pain medications could decrease my ability to concentrate and think clearly, though this side effect usually decreases in time. Other side effects may include constipation, dizziness, itching, nausea, and difficulty passing urine. If I already have any of these problems, I will tell my provider.

I know that taking these opioid pain medications for a long period of time may cause me to become dependent. That means that if I stop taking the opioid pain medications suddenly, I could have withdrawal symptoms such as tearing, runny nose, difficulty sleeping, agitation, abdominal pain, and severe discomfort.

I also understand that taking these opioid pain medications over a long period of time may put me at risk for developing an addiction. This means that I could start thinking only obout taking opioid pain medications or other drugs so that other important ports of my life, such as my family, friends, work, and health could suffer. I understand that people with addictions are often not aware of the signs of addiction. I know it is very important that my provider follows me closely to see whether I am developing on addiction. To make sure I do not become addicted, I know that my provider may need to check my urine for these opioid pain medications or other drugs. My provider may randomly ask me to bring all of my opioid pain medications to the clinic for a pill count between my scheduled appointments; then, I would be required to report to the clinic within 24 hours. My provider may also need to be in contact with my family members and/or friends, because the symptoms of addiction may be seen by others I know before I see them.

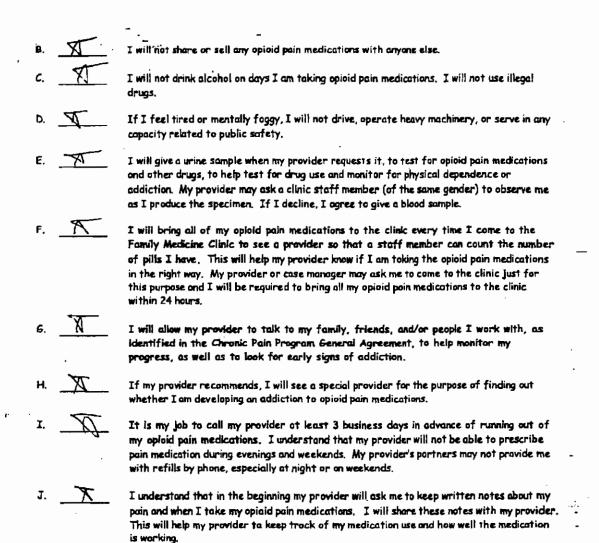
WOMEN: Taking regular doses of opioid pain medications during pregnancy may be harmful to growing babies. I know I am not pregnant now and I will make sure as best I can that I will not become pregnant while I am taking opioid pain medications.

Write your Initials beside the responses:

I will do my best to take my opioid pain medications exactly as my provider tells me. If I am not taking them as my provider tells me, I will contact my provider. I will not take more opioid pain medications than my provider tells me to.

(Patient ID Sticker Here)

Todd Allin 3-20-67 35362



My provider may not be able to renew my prescription if I do not bring required information and all unused opioid pain medications to each provider visit.

Agreement for Long-term Use of Opioid Pain Medications

L	7.	I will not receive medications for my pain (such as opioid pain medications, sleeping pills, tranquilizers, stimulants, and illicit drugs) from anyone other than my regular provider or my provider's partners. If I have an emergency that requires more pain medication, I will call my provider's office first unless an emergency makes me to go straight to the emergency room. If this happens, I will tell the provider in the emergency room or hospital obout my special arrangement for use of opioid pain medications. After the emergency is over I will tell my provider that I got pain medication from another provider.
M.	A -	I will go to pain education classes. These classes will include information on how to measure my poin as well as non-drug pain control techniques. I must go to all of these pain education classes within 9 weeks after the start of treatment in order to continue to get my opioid pain medications.
N,		I will work with my provider and case manager in making a care plan at the end of the pain education classes. I will try very hard to meet the goals we set. I understand that the care plan will be reviewed and changed every 3 months and I will continue to work hard to meet the goals. I know I must be active in trying to meet these goals in order to keep getting my oploid pain medications.
O .	X	I will allow my provider to receive information from any other health care provider or pharmacist to evaluate for possible misuse or abuse of alcohol or other drugs. The aforementioned permission shall expire only upon written cancellotion of this ogreement.
P,	A	I will have all my opioid pain medications filled at the ANMC Pharmacy. I give my provider permission to contact all other pharmacies and physicians to request that they not provide me with any addictive opioid pain medications. This permission shall expire only upon written cancellation of this agreement.
Q.	X	I understand that if my opicial pain medications are lost, stolen, or destroyed, they will not be replaced until my next scheduled refill date.
R.	A	I understand if I chose to change my primary care provider, my medical care will be changed to the new primary core provider during a visit that includes myself, the new primary care provider I am transferring from.
S .	<u> X</u>	I understand that my provider may slowly take me off opioid pain medications if my provider believes that the opioid pain medications are harming me or not helping me.
т.		I understand that if I do not follow this pain medication agreement my provider will continue to provide my healthcare, but, my provider may choose to slowly take me off my opicid pain medications. Opicid pain medications may not be part of my treatment plan and I may be designated as Maintenance Opicid Inelligible in which case no ANMC provider will

prescribe maintenance opioid medications to me.

Agreement for Long-term Use of Opioid Pain Medications 3

U. FOR V	YOMEN: I will do everythin pain medications, To the be	g I can do to avoid getting pregna est of my knowledge I am not preg	nt while I take these mant now.
Total A. Aile	<u> </u>	entered into this agreement	for long-term pain
1. Patient signature	1-11-05 3. Date	6. Provider Signature	Date

For provider:			
2. Patient signed agreement	Yes, patient signed 1		
	Patient refused to sign2		
·	Other3		
4. Renewal date			
5. Patient given copy of contract	Yes		
	No		

Last revised 8/05/02

ANMC Chronic Pain Program Patient Initial Assessment

Item	Question	Response
1	What is your name?	Name Tould Allen
2	What is your Medical Record Number?	Record # 3-30-41
3	What is the best phone number to reach you at?	Phone 337-889
4	What is an emergency phone number to reach you at?	Emergency Phone 243-8540
5	What is your work telephone number?	Work Phone 834-6913
6	What is your birth date?	3 /30 /67
		date month year
7	How old are you?	Age in years 35 ryg, 9 mo
8	Marital Status	Single
		Morried
		Divorced3
		Widowed4
	·	Domestic Partner5
9	Who is your primary support person? * Make sure this person is identified and a signed release has been obtained to contact this person on the *General Chronic Pain Agreement*	Name
10	What is the telephone number for your primary support person?	Phone
11	Who is your primary care provider?	Provider Maria Freeman
12	Who is your case manager?	Case Monoger Sarah Carter
13	What is the most recent Prime MD Score? (retrieve from the Health Summary)	Score:
14	Date of most recent Prime MD score? (retrieve from the Health Summary)	Date:
15a	Location of Pain: On Figure 1, please shade the area(s)	Location A:
	where the patient feels pain. Mark an "X" in the areas	Right side Mad
	that hurt the most.	Right side Mad Jaw foint area/in side ear area ducto
	Provider: Please identify each separate pain complaint	ا مناه مسم طبیا
	with letters (e.g., A, B, C), in order from greatest to	Side ear area over
	least, for later reference.	T.M. pain broken Jaw

Patient Initial Pain Assessment 1

Last revised 8/05/02

164		Location B: 14-4 Side head
15Ь	Location of Pain (see Diagram 1)	Jan John Area
15 .	Leady Spirite Spirite	
15 c	Location of Pain (see Diagram 1)	Location C: Rightsideheater and Location D: 1844-514 head-earge
15d	Location of Pain (see Diagram 1)	Location D:
		18++ SINE MEAN- CONDING
16	PIA Date (Today's Date)	
	For questions 16a through 16e, the patient rates the pain	
	using either 0-10 numeric scale (where 0 = no pain or 10 =	
	worst imaginable pain), or FACES Pain Scale. Please note	
	which is used. Use FACES with children, non-English	
	speaking or cognitively impaired individuals.	
16a	Pain as it is right now	Rating (0 to 10) <u>5</u>
16b	Pain at its worst	Rating (0 to 10)
16c	Pain at its best	Rating (0 to 10)
16d	Pain on average during the last month	Rating (0 to 10)
16e	Most acceptable level of pain	Rating (0 to 10)6
17	Frequency of pain flares during the last month	# flares in past month Est 16
18	Duration of pain flores during the last month 1-245-to 2-3 deck	Durotion of flores in past month 2-hs to 2-3 days
	Overall, what is your pain like? You can use your own	Word Descriptors:
	words, or the following words:	
19a		190
,	Aching Sharp Penetrating	-
19Ь		19b
	Throbbing Tender Nagging	-70
19c	in season in the	19c
	Shooting Burning Numb	
19d (Sitter and the site of the sit	19d
	Stabbing Exhausting Miserable	
	State of Carlons and Carlons a	
	Gnawing Tiring Unbearable	
	Intermittent Continuous	
20	What sorts of things make your pain feel better, or	List: heat, rest mecidation
	relieves the pain (for example: heat, rest, medicine)?	Laying on my back not my
		Sides

Patient Initial Pain Assessment 2

Lost revised 8/05/02

21	What sorts of things make your pain feel worse, or increases your pain (for example: walking, standing, lifting)?	week. food cold-freem - weather, traveling through Ma
22	When and how did your pain problem start (onset and duration)? Bizken Jaw From an Auto / pedistrian incident,	Hx of pain:
23	As far as you know, what is the cause of your pain (i.e., the diagnosis)? T.M.),	Couse of pain: Broken Jaw;
24	Do you notice variations and rhythms in the pattern of your pain?	Variations and Rhythms in pain:
25	In regards to your poin, what providers (onywhere) have you seen? When did you see them? What did they do? (For example: Doctor did physical exam, ordered tests, prescribed medication)	Names of providers seen: Dr. Todd-Valdez AK Ph# 839-4811 -last v.sit NOV. MINLY? Est,
25b1 25b2	Previous Primary Care Pravider 1	
25c1	Previous Primary Care Provider 2	
25c2	Date of change	
25d1 25d2	Previous Primary Care Provider 3 Date of change	
26	What tests and studies have been done in regards to your pain (e.g., MRI, CT-Scan, X-Rays) & All. Reconstructive Swarry R. Side Maddle	Tests and studies done:
27	What clinics have you been to other than Family Medicine at ANMC in order to address your pain? Val dez medical clinic Val dez, Ak Ph. (907.) 835 444	Orthopedics 1 Neurology 2 ADATT 3 Mental Health 4 Physical Therapy 5 Women's Health Clinic 6 Internal Medicine 7 Complementary Medicine 8 Troditional Healing Program 9 Other (List)

Patient Initial Pain Assessment 3

the prescriber's name.

the prescriber's name.

What other pain medications have you taken in the past?

Comments: If prescribed outside of ANMC, please note

How effective has the medication been?

1

2803

2863

28c3

28a3 Medication

28b3 Effectiveness

(0=not effective: 10=extremely

effective)

Last re	evised 8/05/02	
28a1	What medications have you taken in the past for your pain? Beath same	28al Medication Percocet
2861	How effective has the medication been?	28b1 Effectiveness 7-8 (0=not effective: 10=extremely
28c1	Comments: If prescribed outside of ANMC, please note the prescriber's name. Dr. Tock! UMC, 835481	effective)
28a2	What other pain medications have you taken in the past?	28a2 Medication Valiva
2862	How effective has the medication been?	28b2 Effectiveness 7-8 (0=not effective; 10=extremely
2Bc2	Comments: If prescribed outside of ANMC, please note	· effective)

Patient Initial Pain Assessment 4

Last revised 8/05/02

28a4	What other pain medications have you taken in the past?	28a4 Medication
2864	How effective has the medication been?	28b4 Effectiveness
28c4	Comments: If prescribed outside of ANMC, please note the prescriber's name.	effective)
2805	Please list any over-the-counter medications you are currently taking.	2805 List: advil Motrin
29a to 29r	Whether here at ANMC or in the community, what non-drug treatments have you received for your pain, and how effective have they been?	Technique and Effectiveness Please rate on a scale of 0 - 10 (0 = not effective; 10 = extremely effective)
		29a Biofeedback

Patient Initial Pain Assessment 5

Lost revised 8/05/02

30a,	For the following guestions (30a to 30 u) please indicate howyour pain has interfered with your daily functioning on a scale of 0 – 10 (0 = does not interfere; 10 = completely interferes) Daily functioning	(0 = does not interfere; 10 = completely Interferes) Rating (0 to 10)
30P	Quality of life	Rating (0 to 10)5
30c	Enjoyment of life	Rating (0 to 10)
30d	General activity	Rating (0 to 10)
30e	Walking ability	Rating (0 to 10)
30f	Normal work routine	Rating (0 to 10)
30g	Stomach	Rating (0 to 10)
30h	Sleep	Rating (0 to 10)
30I	Appetite'	Rating (0 to 10)
30j	Elimination (urination or bowel movements)	Rating (0 to 10)
30k	Breathing	Rating (0 to 10)
301	Skin	Rating (0 to 10)
30m	Mood	Rating (0 to 10)
30n	Relations with people	Rating (0 to 10) <u>5</u>
30a	Ability to concentrate	Rating (0 to 10)2
30p	Hygiene	Rating (0 to 10)
30q	Sexual functioning	Rating (0 to 10)5
30r	Physical appearance	Rating (0 to 10)
30s	Energy level	Rating (0 to 10)
30t	Other	Rating (0 to 10)
31a	Economic Issues Please rate your overall concern regarding economic issues, such as housing, food, transpartation, clothing, childcare, medical bills, prescriptions, insurance, etc. Provider's Comments:	(0 =no concern; 10 = greatest concern) Rating (0 to 10)
31ь	Emotional Issues Please rate your overall level of concern regarding emotional issues, such as depression, frustration, anger, anxiety, panic attacks, mood swings, loss of motiv-ation, difficulty cancentrating, psychotic, suicidal, fearful of medical procedures. Provider's comments:	(0 =no concern: 10 = greatest concern) Rating (0 to 10)

Patient Initial Pain Assessment 6

Case Manager Signature _

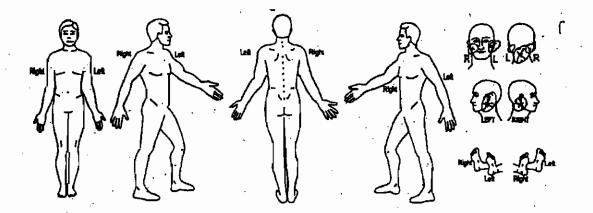
ALLEN-332

31c Social Support Please rate your overall concern regarding social support issues, such as availability of support, communication with medical team, recent loss, role changes. Provider's Comments:	(0 = no concern; 10 = greatest concern) Rating (0 to 10)
31d Coping and Pain Management Please rate your overall level of concern regarding your ability to cope or manage your pain, such as distraction, search for meaning, previous stress such as abuse having direct impact on current situation, counseling, medications, chemicals. Provider's Comments:	(0 =no concern; 10 = greatest concern) Rating (0 to 10)
Patient's Signature Tell al	Date (-16-03)

Patient Initial Pain Assessment 7

Last revised 8/05/02

Figure 1.



Patient Initial Pain Assessment 8

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INFLUENZA 01-Nov-2000			
2-HEP 8 13-May-1998	Allergies ASA ALLERGY	ANMC - Family Medicine Clinic (28T)	Affil. Discipline Initiate/Code
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*** ALASKA NATIVE MEDICAL CENTER - RADIOLOGY DEPARTMENT ***

ame: ALLEN, TODD ANDREW DOB: 03-30-67 (36 yrs) Sex: MALE

chart#: 35362

Date of exam : JAN 23,2003 17:30 Category : OUTPATIENT Case#: 012303-868

Requesting Loc: 28 FMC Updated Pt Loc: 28 FMC Req Provider: FREEMAN, MARIA L. MD Entered request: SALA-MANU, MITAI S, CMA Primary Tech: LANE, CHARLES A Radiologist: KWOK, ROBERT J. MD

Procedure: TM JOINT UNILAT O&C MOUTH Verifier: KWOK, ROBERT J. MD

Exam Modifiers : RIGHT

Clinical History:

PAIN

Status: VERIFIED Report: DD 01/27/2003, DT 01/27/2003

TEMPOROMANDIBULAR JOINT SERIES, ON THE RIGHT SIDE: 01/23/2003

The examination is difficult to evaluate.

The study is suboptimum. Suggest MRI of the temporomandibular joint for further evaluate.

Impression:

SUBOPTIMUM STUDY AND THE TEMPOROMANDIBULAR JOINT IS DIFFICULT TO EVALUATE. SUGGEST MRI.

Films were read by KWOK, ROBERT J. MD., RADIOLOGIST Electronically signed by KWOK, ROBERT J. MD., RADIOLOGIST

/CMG

ate printed: JUN 26,2003 11:45

Page 1

ANMC - Family Medicine Clinic	JAN 23,2003@16:41
Provider: MARIA (MO FRE	FFMAN

Pharmacy Durgnosis Laboratory Diagnosis Radiology Diagnosis

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Dix | Additional Diagnosis

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12 1 4: 41 4913	Bronchitis, Chronic		i Pain, shoulder
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Finger Stick Glucose	0600973
Hemacult Stool	0600981
Hemoglobin	0600999
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Hep 6 pad Jadol.	V05.3	0801302
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Varicella	V05.4	0500650

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	Blood Draw	0602383
	Calps with Bx	0600700
	Calposcopy	0500718
	Cryocautery, cervix	0601740
	Cryotherapy, acne	0600726
	Cryotherapy, warts	0601989
	Oestruction of Lesion - single	0600734
	Destruction of Lesion - 2" to 14 lesions	0604827
	EKG	0601997
	EMB	0600742
_	Flex Sig	0600767
_	Flex Sig with 8x	0680791
	IAO Abscess	0600809
	IUD Insertion	0500825
	IUQ Removal	0600833
	Nail Removal (wedge excision of skin)	0600841
	Nati Removal Jexcision of nail & matrix)	0500858
	Nebulizer Treatment	0600858
	Paring/Curetting of skin lesion (2-4)	4500874
	Paring/Curetting of skin lesion (4+)	0600682
	Pulse Oximetry, single	0600890
	Shave Ex - trunk, arms, legs	8060090
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Ace Wrap	0601039
Air Cast	· 0691047
Arm Sling	9601054
Crutches	Q501Q62
Finger Splint	0601096
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injection IM/SQ	0601179
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812	0601120
Bicillin, 600,000 u	0601138
Bicitlin, 1.2 mu	9601146
Ceftriaxone, (Rocephin) 250 mg.	0601153
Caftriazone, (Rocephin) 500 mg.	0602391
Kataraisc, 60 mg.	0501187
Lunelle	6604868
Medroxyprogesterane, 159 mg.	0601195
Meperidine/Promethazina, 50 mg.	0601203
Promethazina, 50 mg.	0601211
Sumatriotan, 5 mg, 1M	0601229
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ALLEN, TODO ANDREW 35362

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	_0500031 *	0600098)	Early childhood (1-4-years) 494- 0600189- 0600254 /
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Finger Stick Glucose	0600973
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Acupuncture	0600668
Anoscopy	0600676
Biopsy of Skin - single	0800684
Biopsy of Skin - each additional	0804694
- Stood Uters	0602383
Colpo with 8z	6660700
Celposcopy	0600718
Cryocautary, cervix	0601740
Cryotherapy, acne	0600726
Cryotherapy, warts	0601989
Destruction of Lesion – single	0600734
Destruction of Lasion - 2" to 14 lesions	0604827
EKG	0601997
EMB	_0600742
Flez Sig	0600757
Flex Sig with Bx	0500791
I&D Abscess	0600609
IUO Insertion	0600825
iUD Removal	9600833
Nail Removal (wedge excision of skin)	Q500841
Nail Removal jexcision of nail & matrix)	0600858
Nabulizer Treatment .	5980690
Paring/Curetting of skin lesion (2-4)	0600874
Paring/Curetting of skin lesion (4+)	0600882
Bulse Oximetry single	600mmag

Pulse Oximetry, single Shave 8x - trunk, arms, legs

Steroid Injection Joint/Bursa - small | Steroid Injection Joint/Bursa - inc.

! Skin Tag Removal

Vasactorny

Ace Wrap	1 0501039 -
Air Cast	0601047
Arm Sling	0601054
Crutches	9601062
Finger Splint	0601096
Knee Sleeve	0601070
Wrist Splint	£601088

X (MMUNIZATIONS	· V Code	1. W. L. 1.
Administration - Single		0600528
Administration - Each add'l		0600536
Contyax - Pedyax HIS	V03,81	0600593
- Hep B ped/adol.	V05.3	9601302
Dtap	V06.1	0500551
Flu	V04.8	4600569
Hep A ped Jadol,	V05.3	0601278
Hep B Adult	V05.3	0600585
Hep 8 ped /sdol.	V05.3	0601302
IPV	¥04.0	0600501
MAIR .	V06.4	0600519
Pedvax HIS	V03.81	0600593
PreumoVex	V03.82	0600627
l PPQ	V74.1	0601534
Prevnar	V03.82	0600635
Td	V06.5	0600643
Varicalia .	V05.4	0500550
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X INJECTIONS	1.00
Injection IM + antibiotic	9601161
Injection WUSQ	8601179
Albuterol, .083% per ml	0604850
812	0601120
Bicillin, 600,000 u	0601138
Sicilia, 1.2 mu	0601146
Cettriaxone, (Rocephin) 250 mq.	0601153
Cettriaxona, (Rocaghin) 500 mg.	0502391
Ketorolac, 50 mg.	9601137
Lunelle	0604868
Meditexyprogesterone, 150 mg.	0601195
Mepandine/Promethazine, 50 mg.	0601203
Promethazine, 50 mg.	0601211
Sumatriotan, S mg. IM	9601229
Testosterone (dose dependent)	,
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ALLEN,TODO ANDREW 35362 DCB: MAR 30,1967

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	1895	PCP. Freeze	X.) •4-PATIENT EDUCATION CA Prevention
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,		PCP. Freeman	X PATIENT EDUCATION
\/\	, _	Home Phone #: (907)337-8895	DM Diet
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Consulting provider to fax PCC and referral form with comments to referring provider and PCP (if applicable) within 24 hours of the patient's appointment. Thank you.

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ANMC - Uratogy Clinic FEB 6,2003@08:25 Provider: WILLIAM L MO LUBKE

THE PLAN IS PROPERDING APPOINTMENTS (1989)	State Charles (1975)
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FEB 20,2003 2:00 UROLOGY,OR LUBICE (30 min.)	

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	٤		38.7	HEMATURIA		•	-	R	786.51	SPLITTING STREAM
	Ŀ		503.3	HYDROCSLA, UNSPECIMED		•	4	•	V\$1.49	SURGERY FOLLOW-UP
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E&MCODES :	Flores	≓efobliobens
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Problem Focused & Applications	992 01 7	# 99212
Expanded PFINER LAPING	99202 -	99213"
Detailed management of the latest	39203 ;	₩99214 7
Comprehensive (Mod. Complex)		
Comprehensive (High Complex).		
Non Provider Visit		
Post-Op Visit Service Services		99024
No E & Machine Control Trans		-4/-6/-
Telephone Call 77		1. A. A
Chart Review 4512 34/04 4514	-4. <u>-4.4.</u>	14

X PATIENT EDUCATION	GFFR hit
Cancer Teaching	
Catherization / Catheter Care	
Injections	
Panile Injection	
Post-op:	1
Pre-op:	
Radiology Test Teaching	1
Urostomy / SP Tube Care	1
Wound Care	
	T

03-53-62 M RLLEN, TOOD ANDREW 03/30/67 ANCHORA MS4#:	GE
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CONSULTATION CODES	Code
Problem Focused Common Problem Focused	A 1992417-
Expanded Problem Focused	
Detailed The Property and the Property of	
Comprehensive The Land of the Comprehensive	7 99244 M
-Complex with the second control of	2702240LBW-9924527

X	SUPFLIES	· ar	CPT
	Latex Foley Insertion Tray	1	A4314
	Irrigation Tray		A4320
	Irrigation Tray Two-Way Foley Cath		A4338
	Coude Cath	1.	A4340
	Straight Tip Cath	1	A4351
	Curva Tip (Couds) Cath, Stiff	T	A4352
	LFG Bag	1	A4350
	Pentia Clemp		A4356
		1	1
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-CPT
90788
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J0270

· X	PROCEDURES/TREATMENTS	CFT
X	Blood Oraw	36415
	Bladder Scan	- 76705
	Bladder (nsti)(ation	51700
	Saline	J7040
	BCG	. · J9031
	DMSO _ ·	J1212
	Urodynamics, Simple	\$1725
	Urodynamics, Complex	51726
	EKG	93005 .
	EMG, Anal, Not Needle	51784
	Groflow, Complex	51741
	Uroglow, Simple	\$1736
	Pressure Studies	61793
	Cystoscopy	52000
	Cystoscopy/Sient Removal	52310
	Dilation, Male	53600
	Subsequent Ollation	53601
	Dilation, (F&F)	53620
	Dilation, Female	\$3660
	Catheterization, Simple	\$3670
	Catheter, Complex	53675
	Collection of Urine	PS612
	Intracorporal Injection	54225
	Vasectomy	157.50
	Prostate Biogsy	1.5700
	Ultrasound - Guided Bx	76942
	Ultrasound Prostate	76872
	Contigen Skin Test	G0025
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ALLEN, TOOD AHOREW

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35752 OCR MAR 30.1967 COMMUNITY: ANCHORU SSN: 574 48 4274

FEB 5,2003@08:25 AX LABOREAS-WELFARE & PENSION

ANMC0000000195

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ANCH MED CTR CLINICAL LABORATORY REPORT
ALLEN, TODD ANDREW
                                                  06/26/2003 11:45
    HRCN: 35362
                        AGE: 36 LOC: SUR
                                           DOB: MAR 30,1967
                SEX: M
      Provider: LUBKE, WILLIAM L. MD
      Specimen: PLASMA
Accession [UID]: CH 0206 62 [1030370062]
                         02/06/03 08:41
                                           ef. range
65 - 110
    Test name GLUCOSE (00)
                         Result
                                units
                                          Ref.
                                 mg/dL
                           95
   LDH (00)
                                 υ/Ĺ
                                           110 - 295
                          149
KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
     Provider: LUBKE, WILLIAM L. MD
     Specimen: SERUM
Accession [UID]: SEND 03 1100 [8003001100]
                         02/06/03 08:41
    Test name
                         Result units
                                          Ref. range
    TESTOSTERONE, TOTAL
                          308
                                ng/dL
                                           241 - 827
       |Test performed at:
|Quest Diagnostics.,1737 Airport Way So.,Seattle, WA
KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
      Provider: LUBKE, WILLIAM L. MD
      Specimen: SERUM
Accession [UID]: SEND 03 1099 [8003001099]
                         02/06/03 08:41
    Test name
                         Result
                                units
                                          Ref.
    Prolactin (00)
                           25
                                ng/mL
    Prolactin Interp
                      See Below
     Eval:
                             REFERENCE RANGES
      Eval:
                                           2-18
                       Males:
      Eval:
                       Females:
     Eval:
                              Non-pregnant
                              Postmenopausal 2-20
     Eval:
     Eval:
                              Pregnant
                                          10-209
       |Test performed at:
|Quest Diagnostics.,1737 Airport Way So.,Seattle, WA
Comment:
    KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
      Provider: LUBKE, WILLIAM L. MD
      Specimen: SERUM
Accession [UID]: CH 0206 61 [1030370061]
                         02/06/03 08:41
    Test name
                         Result units
                                       Rer. _
                                          Ref. range
    PSA (ANMC)
                         0.5
                                ng/mL
KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
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ALASKA NATIVE MED CTR 4315 Diplomacy Drive, Anchorage, AK 99508

ANCH MED CTR CLINICAL LABORATORY REPORT

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06/26/2003 11:45
ALLEN, TODD ANDREW
                             AGE: 36
                                       LOC: SUR
                                                  DOB: MAR 30,1967
    HRCN: 35362
                   SEX: M
      Provider: LUBKE, WILLIAM L. MD
      Specimen: SERUM
Accession [UID]: CH 0206 60 [1030370060]
                             02/06/03 08:41
                                                 Ref.
    Test name
                             Result
                                     unite
                                                        range
    FSH
          (ANMC)
                               3.0
                                      mIU/mL
      Eval:
              Female Reference Ranges:
      Eval:
                                   Follicular Phase: 4-13 mIU/mL
 ."
                                  Mid-Cycle Peak:
Luteal Phase:
                                                      5-22 mIU/mL
       Eval:
      Eval:
                                                     2-13 mIU/mL
      Eval:
      Eval:
                                   Postmenopausal:
                                                     20-138 mIU/mL
      Eval: Male Reference Range:
      Eval:
                                   Male:
                                                     1-8 mIU/mL
                               5.4
                                      mIU/mL
    LH (ANMC)
      Eval: Female Reference Ranges:
       Eval:
                                     Follicular Phase:
                                                         1-18 mIU/mL
      Eval:
                                     Mid-cycle Phase:
                                                         24-105 mIU/mL
       Eval:
                                      Luteal Phase:
                                                         0.4-20 mIU/mL
      Eval:
      Eval:
                                      Post-menopausal:
                                                         15-62 mIU/mL
      Eval: Male Reference Range:
      Eval:
                                     Male:
                                                        2-12 mIU/mL
                                                                  _____
      KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
      Provider: FREEMAN, MARIA L. MD
       Specimen: SERUM
  ession [UID]: SEND 03 705 [8003000705]
7
                             01/24/03 16:02
    Test name
                             Result
                                      units
                                                 Ref. range
    TESTOSTERONE, TOTAL
                                38 L
                                                  241 - 827
                                      ng/dL
        |Test performed at:
|Quest Diagnostics.,1737 Airport Way So.,Seattle, WA
Comment:
KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
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ALASKA NATIVE MED CTR 4315 Diplomacy Drive, Anchorage, AK 99508

ALLEN-351

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	PROCEPATION SECRET		/ t =	186.2 1,564.8	STRESS MUSCULCIPARILITAL STRAIN			<u> </u>	715.40	CHEOME SHALL	AIR .
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☐ Rafemal (transfer of care to ☐ Consultation (one time visiti	A specialist for stated co	laska Native Medical Referal / Consulation Form ndNan)	Center 33	78895 38728
To: द्वि Clinic Name:	wologu		_ 22	38728
☐ Village or Field Clinics		_ fax	-	
Requested Consultant	<u> </u>		<u> </u>	
From: Clinic Name:	FMC	fax:729-436	7	
Village or Field Clinic		taxc	_	•
Requesting Provider: FREE	MAN	Fhone/pager: 729-32	31	
Requesting Provider's Case Man	ager: SARAH CAR	TER, Phone/pager.	729-3211	. ·
Patient's Name: Todo f	then.			
Age: 35 DOB or Che	art Number: 3530	Phone Numb	r. <u>3.37 - 8895 </u> £	<u>.</u>
Parent / Legal Guardian (If applic	stic):		340-2316 N	
PCP. Frieman		Phono/pager.		
Please list the reason for the requ	eat and any adquife que	siions ar informatian you want	addrassed with this raques	L (a.c. covider puestions.
patient expectations, etc)		•	4.5	• • •
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Date and time of appointment in a	specially dinic		-	- Page 19
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Please check any other	information included with	क्षेत्रंड त्वरंक्षतत्व);	March 4-1	<i>'0</i>
PCIS Form Trace	tmont Plan 🗌 Labs 🔲	Frogress Notes	•	
🔲 Discharge Summary	🔲 Inittal or Updated In	roke Report *-		
Cher		Tests Pending	·	
Requesting Provider Signature.	_		- ;	•
Consulting provider to fax	9CC and referral for	n With comments to miss	for excluder and 500 i	Standlocklob within 74

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Feeders m List	Present	Present		Patient Ed: (Time	CONTENT DECPT	PAG PAG PAG	E 0 V	/H 12 /H 12 /H 12	(8 (5 (5	Abscess 1/0 Abscess 1/0 Anoscpy Asp BrscCy Asp/Punts Bid.Oraw Bid.oraw Bid.der irrg Badder irrg Badder irrg Badder irrg Badder V: Cath UA) PR) Skin eroma /chem /ins	460 100 466 190 101 384 517 787 517
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Feeting III List C Feeting	Purpose Purpose Purpose Second Septem Quarte Equipment C. Post	emonerna Wasa Herso	Present	Patient Ed: (Time	CONTENT DECPT DECPT DECPT DECPT DECPT DECPT	PAG PAG PAG PAG PAG PAG	E 0 4	/H 12 /H 12 /H 12 /H 12	:8 :5 :5	Abscess I/C Abscess I/C Abscess I/C Abscess I/C Abscess I/C App Brack III Adder/Iris III Adder/Iris III Adder Irig III Adder I	PR Skin Skin Eroma Vchem Vins oid on Dy gen	466 1900 1900 311 384 517 536 536 536 537 930 517 930 517 831 600
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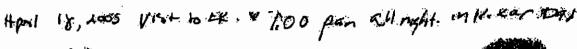
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## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GAN GET ACCESS TO THIS INFORMATION. PLEASE READ AND REVIEW IT CAREFULLY.

The Alaska Native Medical Center respects your privacy and understands that your personal health information is very sensitive. We make a record of the care and services you receive at: the madical center. This information is needed to give you quality health care and comply with the law. For example, this information includes your symptoms, test results, discussis, treatment, health information from other medical providers, and billing and payment information related to those services. We will not disclose your information to others unless you tell us to do to, or unless the law authorizes or requires us to do so:

This privacy notice will tell you about (1) the way that we may use and give our medical information about you; (2) your medical privacy rights; and (3) the responsibilities of the medical center in using and disclosing your medical information.

### HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The list below describes different ways that we use and disclose medical information. For each category of uses or disclosures we explain what we mean and try to give an example.

#### For Freatment.

information obtained by a member of our health care team will be mounted in your medical record and used to help decide what care may be right for you. We may also provide information to others providing your care. This will help them stay informed about your care so they may help you if needed. For example, a doctor may ask if you have high blood pressure to avoid giving you a medication that may make this condition worse. This information could be shared with nurses, pharmacists, dicticians or physical therapists so they know of the problem and avoid items that might make it worse.

#### For Payment.

We may use and disclose medical information about you so that the treatment and services you receive at the medical center may be billed to and payment may be collected from the government, insurance company, third party or other responsible person. For example, insurance companies may need information about surgery you had at the medical contex in order to pay us. In addition, if someone clee is responsible for your medical costs, we may disclose information. to that person when we seek payment.

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Exhibit D1A Page 44 of 63

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#### For Health Care Operations:

We may use and disclose medical information about you for medical center operations that are necessary to run the medical center and make sure all of our patients receive quality care. For example, we may use medical information about you to evaluate the performance of our staff. We may also combine medical information about many medical center patients to decide what additional services the medical center should offer, what services are not needed, and whether certain new treatments work.

## YOUR HEALTH INFORMATION RIGHTS

The health and billing records we make and store belong to the medical center/clinic. The protected health information in it, however, generally belongs to you. You have a right to:

- Read and ask questions about this Notice;
- Receive a copy of the Notice of Privacy Practices;
- Ask us to limit certain uses and disclosures. In order to limit use and disclosures, you must
  give us a written request. We are not required to grant the request, but if we grant your
  request, we will comply with that;
- Ask that you be allowed to see and get a copy of your protected health information. You may
  also request that your health information be given or sent to you by another means or at
  another location. These requests must be made in writing and we have a form available for
  this type of request;
- Have us review a denial of access to your health information;
- Give us a written request to change your health information. We may accept your request
  and if we do, we will add an amendment to your record. If we deny your request, you may
  write a statement of disagreement which will be stored in your medical record and we may
  add our own statement disagreeing with your proposed changes. These statements would be
  included with any release of your records;
- Request of copy of the list of certain disclosures made of your health information outside of
  treatment, payment and operations. This list will not include disclosures to third party
  payers. You may request and receive this information without charge once every 12 months,
  but we may be delayed in providing you with a copy of the list of certain disclosures if the
  law requires that we not disclose that information for a period of time. We will notify you of
  the cost involved if you request this information more than once in 12 months;
- Cancel prior authorizations to use or disclose your health information by giving us a written
  request to end the authorization. This request does not affect information that has already
  been released or affect any action taken before we have it.

Allen(ANMC)-44

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For help with these rights during normal business hours, please contact: ANMC Privacy Officers at 729-1971 or 729-5066.

#### **OUR RESPONSIBILITIES**

## We are required to:

- Keep your protected health information private;
- · Give you this Notice of Privacy Practices; and
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up.

#### To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your health information, you may contact the ANMC Privacy Officers:

Deborah Gordon – 729-1971 Deann Baker – 729-5066

If you believe your privacy rights have been violated, you can make a written complaint to the Corporate Compliance Office at 3925 Tudor Center Dr. Anchorage, AK 99508. Also, you can file a complaint with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

# Other Disclosures and Uses of Heath Information

#### **Notification of Family and Others**

- Unless you object, we may release health information about you to a friend or family
  member who is involved in your medical care while you are a patient in the hospital. We
  may also give information to someone who helps pay for your care. We may tell your family
  or friends your condition and that you are in the hospital. In addition, we may disclose health
  information about you to assist in disaster relief efforts.
- If you are staying in the hospital, information may be provided to people who ask for you by name. We may use and disclose the following information in the hospital directory:
  - o Your name.
  - o Location.
  - o General condition, and
  - o Religion (only to clergy).

Alien(ANMC)-45

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

# We may use and disclose your protected health information without your authorization as follows:

- Appointment Reminders We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital or clinic.
- Interpreters: In order to provide you proper care and services, we may use the services of an interpreter. This may require the use or disclosures of your personal health information to the interpreter.
- Other Treatments and/or Health Products We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or about health-related products or services that may be of interest to you.
- Medical Research Under certain circumstances, we may use and disclose medical information about you for research purposes, but only if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research product. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the medical center.
- Funeral Directors/Coroners/State Medical Examiner We will disclose medical information about you to funeral directors, coroners and the state medical examiner, consistent with state and federal law to allow them to carry out their duties.
- Public Health Risks We may disclose medical information about you for public health activities that can include the following:
  - o Prevention or control of disease, injury or disability;
  - Reports of births and deaths;
  - o Reports of abuse or neglect of children, elders and dependent adults;
  - Reports of reactions or problems with medications or health products;
  - Notifying people of product recalls related to their health care;
  - Notifying a person that they may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - o Notifying a government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- Workers' Compensation Laws When required by state law and you have made a
  workers' compensation claim or other similar program that provides benefits for workrelated injuries or illness.
- Correctional Institutions If you are in jail or prison, to the Department of Corrections for
  your health and the health and safety of others.
- Law Enforcement When legally required such as when we receive a subpoena, court order
  or other legal process, or you are the victim of a crime.
- Tissue Donation and Transplant We may release medical information to organizations
  that handle organ procurement or tissue transplantation or to an organ donation bank, to help
  with organ or tissue donation and transplant if you or your family members agree.
- Health and Safety Oversight We may share information with a health oversight agency
  when required by law. These oversight activities include audits, investigations and medical
  licenses.
- Disaster Relief Purposes We may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- Military and Veterans If you are a member of the armed forces, we may release medical
  information about you as required by military command authorities.
- Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose
  medical information about you in response to a court or administrative order. We may also
  disclose medical information about you in response to a subpoena, discovery request, or
  other lawful process by someone else involved in the dispute.
- National Security and Intelligence Activities We may release medical information about
  you to authorized federal officials for intelligence, counterintelligence, and other national
  security activities authorized by law.
- Other Uses Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

#### WHO WILL FOLLOW THIS NOTICE

This notice describes our medical center and clinics practices and that of:

- Any health care professional authorized to enter information into your medical center chart;
- All departments and units of the medical center;
- Any member of a volunteer group we allow to help you while you are in the medical center;
- All employees, staff and other medical center personnel.

**EFFECTIVE DATE: April 14, 2003** 

Allen(ANMC)-47

# NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

# Effective Date April 14, 2003

The Alaska Native Medical Center's Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this acknowledgement. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting our medical center or asking any registration clerk.

You have the right to request that we restrict how protested health information about you is used or disclosed for treatment, payment or health ours operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

You have the right to request a list of certain disclosures we have made of your protected healthcare information.

By signing this form, you acknowledge receipt of this Notice of Privacy Practices.

Charle No.	Date
Printed Name of Patient	Printed Name of Authorized Representative
Signature of Patient or Authorized	Representative

DR. Fiery

4.19.03

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Allen(ANMC)-48

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ALLEN, TODD ANDREW	67 ,	sat 250 - Alberta	Canna Gardi

Allen (ANMC) - 1

ALLEN 363 A

Emergency Visit Record

Seen at: 0745 4/19/2003

Chief Complaint: Ear and jaw pain

History of Present Illness: Patient relates in process of moving from Anchorage to Valdez. The drive here he had increase in pain on right; wants to be sure not infected. Can't keep Percocet down secondary to nausea last night. Did eat large meal last evening.

No fever, some chills, no upper respiratory complaints, no abdominal pain.

Objective: Alert male no acute distress; speech slow
Tympanic membranes bilaterally a bit cloudy but mobile

Past Medical History Mandible Fracture

Nares no discharge

Pharynx pink Neck supple positive click and tenderness bilateral

tempromandibular joint

No nodes

Lungs Clear to auscultation

Heart regular rhythm and rate no murmur

Chronic pain tempromandibular joint- history of mandible fracture Nausea

Aware with pain contract no narcotics
Phenergan 25mg intramuscular now
Phenergan 25mg orally every 6 hours as needed (#6)
Follow up with primary care provider
Patient has Motrin

Donna Fearey, Advanced Nurse Practitioner

ALLEN-364

		ON FOR EMERGENCY	TREATMENT	
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AFTERCARE INSTRUCTIONS	DIAGNOSIS:
LACERATION/WOUND CARE	O Keep elevated to decrease swelling
O Wound Check on:	O Aspirin or Tylenol for pain (circle one)
	O Return if signs of infection:
O Stitch Removal on	
O Keep Clean and Dry	redness, swelling, fever, pus, hot
O Change Dressing HEAD INJURY	COUGH/COLD SYMPTOMS
O Wake patient every 2 hours for next 24 hours	O Fluids
O No aspirin products	O No smoking
O No alcohol	O Medication as prescribed
O Return if any of the following occur:	O Cool mist humidifier
confusion, unable to wake patient, nauses or	O Return if symptoms worsen, fever present
vomiting, pupils unequal	
FRACTURES/SPRAINS	BACK/NECK PAIN
O Keep injured part elevated for next 2 days, use ice to	O Firm surface to rest on
decrease swelling	O No heavy lifting until better
O Move fingers or toes often in cast or bandage	O Wear collar as advised
O Do not insert objects under cast or wrap to scratch	O Gentle, firm massage if approved by provider
O Use crutches as instructed, use special care on ice/steps	O Contact Physical Therapy at 729-1249
O Rewrap ace wrap if extremity becomes numb, cold,	O Return if pain increases or you begin to
discolored or swellen	experience tingling or numbness in
O if no improvement - return	extension radials or transmiss ru
NAUSEA	SEXUALLY TRANSMITTED DISEASES
O Clear Equids for 12-24 hours or until nausee is gone	O Medication as prescribed
O Avoid milk products, spicy or greasy foods, alcohol	O No unprotected sex for days
O Return if worse or not better in 24 hours	O Notify recent partners.
DIARRHEA	O Return If symptoms worsen
O Clear liquids frequently for 24 hours or until stools become	Server (Bedieben Besel er Bien ben in Infonte)
O Advance slowly: rice careal, bananas, applesauce, cracker O Return if no improvement in 48 hours	s, clear soup
PELVIC INFLAMMATORY DISEASE	URINARY TRACT INFECTION
O Bedrest until fever is gone	O Drink large amounts of fluids (water, cranberry or
O Warm baths to lessen pain	other Juices)
O Use pads instead of tampons	O Medication as prescribed
O No sex until symptoms gone, use condoms after that.	O Return if fever, more pain, worsening symptoms
O Return for increased fever, worsening symptoms	
MEDICATION AS DIRECTED:	eds as access to borons
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ADDITIONAL INSTRUCTIONS:	nouseal (aution)
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understood by (patient	signature) and explained by
Additional handouts:	- · · · · · · · · · · · · · · · · · · ·
Follow up Appointment:	O Before I made
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Clinic: Date: Time:	The clinic will call you on the next
	working day to set up an appointment.
(stamper)	ALAGEA NATIVE MEDICAL CENTER

03-53-62 M DOB 03/30/67 ALLEN, TODD ANDREW 4/19/03007:07 CLIN 80 VALDEZ ACCT 6165682

ALASKA NATIVE MEDICAL CENTER **Emergency Dept./Urgent Care Center**

4315 Diplomacy Drive Anchorage, AK 99508 phone: 729-1729

Allen(ANMC)-42

Filed 05/24/2007

Effective Date April 14, 2003

The Alaska Native Medical Center's Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this acknowledgement. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting our medical center or asking any registration clerk.

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By signing this form, you acknowledge receipt of this Notice of Privacy Practices.

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Printed Name of Patient

Printed Name of Authorized Representative

Signature of Patient or Authorized Representative

03-53-62 M DOB 03/30/67 ALLEN, TODD ANDREW 4/15/03007:07 CLIN 60 VALDEZ ACCT 6185682

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ALLEN-367

FROM : AFD STATION 7

FAX NO. : 2456266

Apr. 19 2003 10:31PM P1

ePCR . .08093

Page 1 of 2

Printed 4/19/2003 23:19 Prehospital Care Report

Department

Municipality of Anchorage Anchorage Fire

Run Number:

0008093

Alarm Date:

Sat - 4/19/2003 17:11:25

Location 5205 Northwood St Apt/Sulta .315 Anchorage Patient Allen, Todd Sex: M Age: 36 Dob: 3/30/1967

5205 Northwood 5T Apt: 315

Weight: 100 SSN:

Anchorage Bowl, AK 99502

Status: ALS2 Code 99

Patient Count:

Transporting Unit

M01

Dispatch 17:11:34

Response to Scene: Code Red Dest Hospital: PROV

Responding 17:13:00 Arrival 17:20:57 At Patient 17:20:57

Hospital Chosen By: Diversion To Hospital 17:46:43 At Hospital 17:53:17 Odo: 6

Response From Scene: Code Red

Chief Complaint Person Not Breathing- Code 99 Impression: Cardiac arrest

Narrative

. .

By: SR CAPT - Krogh, Marvin, A

Title: New Narrative

36 yr old male cc cardiac arrest.

Pt was seen earlier today at ANMC for head pain, Sent home with pain meds. At 1400 hrs pt took nap. At 1530 pt was having snoring resp. , wife called ANMC, was told to monitor. Around 1700 pt was found not breathing, EMS activated.

PMH previous head trauma.

Pt unconscious unresponsive. Apnea, no pulse, Airway had emesis with blood. Skin warm, dry, slightly cyanotic. HEENT unremarkable, Pupils fixed and midpoint. Chest unremarkable, Abd unremarkable. Extremities unremarkable. No obvious trauma.

Pt in care of E5. CPR in progress. No shock advised on AED. Combitude in place, L5 confirmed, no gestric sounds. Pt switched to LP12. Asystole. 2 mg Narcan IM. IV established R AC with 18g. Epi 1mg. Atropine 1 mg. Suction of combitube. Epi Img. Atropine 1 mg. 50 meq of Bicarb. Narcan 6 mg. Wide complex tachy with pulses. CPR stopped. Changed into sinus tach 120 bpm, Pt moved to code board. Combitube reconfirmed. Pt started to brady down. Atropine 1 mg. No pulses. CPR, Pt moved to M01. Transported code red to Prov. ANMC diverted. Epi 1 mg. Pt regained radial pulses. CPR stopped. BP of 130/p. Pt turned over to ER staff with oral report. Total fluid given was 800cc of NS. Tube reconfirmed after pt moved,

History Allersies: none Symptoms: Cardio-Resp Arrest Medications: exycodone, percocat, phenergan, diazepam History: Unknown

FlowChart Time Medic

Success Procedure

CPR

Pre/Post Arrival Arrest; Pre-arrival arrest Initial Arrest Rhythm: Initial arrest rhythm, other Rhythm At Dest: Initial arrest rhythm, other Provider: Police

http://sparky/afd/PircRMS/cPCR.asp?Key=0008093_0XMIDACKEFDMA

4/19/2003

ALLEN-368

FROM : AFD STATION 7

FRX NO. : 2456266

Apr. 19 2003 10: TPM P2

ePCR - uJ08093

Page 2 of 2

Author E07 1497 PFF Luna, Scott E

M01 1381 PFE Frilinger, Marc N

M01 1302 PFF & _an, Tim M

Last Modified: 4/17/2003 11:09:44 _

http://sparky/afd/FireRMS/ePCR.asp?Key=0008093_0XM1DACKEFDMA

4/19/2003

PR0V0000000655

Nov 26 03 03:14p

ePCR - 0008093

ALLEN-369

Printed 5at 4/19/2003 23:19



Prehospital Care Report Municipality of Anchorage

Anchorage Fire Department Run Number: 0008093 А

Alarm Date:

Sat - 4/19/2003

17:11:25

Apt/Suite 315

Weight: 100 SSN:

Location 5205 Northwood St

_

Anchorage

Patient

Allen, Todd

Response to Scene: Code Red

Sex: M

Age: 35 Oob: 3/30/1967

\$205 Northwood ST Apr: 315

Anchorage Bowl, AK 99502

Status: ALS2

JG103. ALJZ

Patient Count:

Code 99

Odo: 6

Transporting Unit

M01

Dispatch 17:11:34 Responding 17:13:00

Artival 17:20:57

Dest Hospital: PROV At Patient 17:20:57

Hasgital Chasen By: Diversion
Response From Scene: Code Red

To Hospital 17:46:43 At Hospital 17:53:17

Chief Complaint Person Not Breathing - Code 99

Impression: Cardiac arrest

Narrative

By: SR CAPT - Krogh, Marvin, A

Title: New Narrative

36 yr old male cc cardiac arrest.

Pt was seen earlier today at ANMC for head pain. Sent home with pain meds. At 1400 hrs pt took nap. At 1530 pt was having snoring resp., wife called ANMC, was told to monitor. Around 1700 pt was found not breathing, EMS activated.

PMH previous head trauma.

Pt unconscious unresponsive. Apnea, no pulse. Airway had emesis with blood. Skin warm, dry, slightly cyanotic. HEENT unremarkable. Pupils fixed and midpoint. Chest unremarkable. Abd unremarkable. Extremities unremarkable. No obvious trauma.

Pt in care of E5. CPR in progress. No shock advised on AED. Combitube in place. L5 confirmed, no gastric sounds. Pt switched to LP12. Asystole. 2 mg Narcan IM, IV established R AC with 18g. Epi 1mg. Atropine 1 mg. Suction of combitube. Epi 1mg. Atropine 1 mg. 50 meg of Bicarb. Narcan 6 mg. Wide complex tachy with pulses. CPR stopped. Changed into sinus tach 120 bpm. Pt moved to code board. Combitube reconfirmed. Pt started to brady down. Atropine 1 mg. No pulses. CPR. Pt moved to M01, Transported code red to Prov. ANMC diverted. Epi 1 mg. Pt regained radial pulses. CPR stopped. BP of 130/p. Pt turned over to ER staff with oral report. Total fluid given was 800cc of N5. Tube reconfirmed after pt moved.

History

Allergies: none

Symptoms: Cardio-Resp Arrest

History: Unknown

FlowChart Time Medic

Success Erocedure

Medications: oxycodone, percocet, phenergan, diazepam

burchart needs to be

CPR

Pre/Post Arrival Arrest: Pra-arrival arrest

Initial Arrest Rhythm: Initial arrest rhythm, other

Rhythm At Dest: Initial arrest rhythm, other

Provider: Police

Complitud

http://sparky/afd/FireRMS/ePCR.asp?Key=0008093_0XM1DACKEFDMA

4/19/2003

PR0V0000000275

Allen (EMS Report) - I

Nov 26 03 03:14p

ePCR - 0008093

ALLEN-370

Author E07 1497 PFF Luna, Scott E

MO1 1381 FFE Esslinger, Marc N

MO1 1302 PFF Stigen, Tim M

Last Modified: 4/17/2003 11:09;44 _ 3

http://sparky/afd/FireRMS/ePCR.asp?Key=0008093_0XM1DACKEFDMA

4/19/2003

PR0V0000000276

Allen (EMS Report) - 2

Case 3:04-cv-00131-JKS Document 81-3 Filed 05/24/2007 Page 59 of 63

Sent By: FRW;

360 782 4358 ;

Apr-20-07 3:36PM;

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Incident Detail Page 1 of 5

AFD Incident Detail Report

incident#:

2003231000008921

FireRMS #: 0008093

Incident Date: 4/19/2003 17:11:09

Incident Information

Incident Type:

EMS, Level 4 Code Red

Alarm Level: Problem:

2Cardia/Resp Arrest/Death Lev4

Priority: Determinant:

09E01 4-03-02382

Agency:

Municipality of Anchorage

Base Response#: Confirmation#:

Jurisdiction: Division:

Anchorage Fire Department Station 05 Response District Station 05 Response District

Taken By: Response Area:

Sta05

Battalion: Response Plan:

Level 4 EMS Respons

Disposition:

Command Ch: Primary TAC:

Cancel Reason: Incident Status:

Closed

Secondary TAC:

Certification:

Incident Location

Location Name:

County:

Anchorage

Address:

5205 Northwood St

Location Type:

N FRONTAGE RD/W

Apartment:

315

Cross Street:

INTERNATIONAL AIRPORT

RD

City, State, Zip:

Anchorage Bowl AK 99502

Map Page:

192

Grid Number:

ANSW1927

Call Receipt

Method Received:

Call Back Phone:

907-245-5002

Caller Type:

Caller Location:

5205 NORTHWOOD DR

Time Stamps **Elansed Times**

Description	Date	Time	User	Description	Time
1st Key Stroke	4/19/2003	17:11:06		Received to In Quene	00:00:16
In Waiting Quene	4/19/2003	17:11:25		Cell Taking	00:05:32
Call Taking Complete	4/19/2003	17:16:41		In Queue to 1st Assign	00:00:09
1st Unit Assigned	4/19/2003	17:11:34		Call Received to 1st Assign	00:00:28
1st Unit Enroute	4/19/2003	17:12:58		Assigned to 1st Enroute	00:01:24
1st Unit Arrived	4/19/2003	17:15:46		Enroute to 1st Arrived	00:02:48
Closed	4/19/2003	18:33:22		Incident Duration	00:05:32

Resources Assigned

Delay Cancel Vehicle Response# Assigned Euroute Staged Arrived Complete Reason Avail Patient M01 65812 17:11:34 17:13:00 17:20:57 17:22:44 17:53:20

http://afdcad01dwh01/Webview/reports/IncidentReport.asp?65812

AFD 1

5/9/2005

MAY-09-2005 06:43AM

APR-20-2007 01:32PM

From: 9072674984

ID: ASHBURN&MASON

Page: 202 R=95%

0001399 PLTF

From: 360 782 4358

ID: CIVIL FAX RM

Page: 004 R=94%

	Case 3:	·04-cv-0)0131-Jk	(S. Doc	ument 8	1_3 [Filed	05/24/20	nz Pag	e 60 of 63
Sent By:		.U4-UV-U			30 782 43	58 ;		-20-07 3:	J	Page 5
	Incident I	Detail								Page 2 of 5
		65812	17:11:34	17:12:58		17-10-23		17:47:	AA 10.22.2	•
		65812	17:11:34			17:19:33 17:19:52	17:22		40 18:33:2: 17:47:1	
		65812	17:14:01			17:15:46		-	17:47:10	
	402	W012	17:14:41	17.54.04		17.19.40	.,		17.50.0.	•
	Destinati	60 0								
	Vehicle l	Location	Address			Mil	eage	Depart	Arrived	Complete
	M01 1	Providenc	e Hospital	/ 3200 Provi	dence Dr			17:46:43	17:53:17	17:53:20
	Commen	its								
	Date	Tim	e U	icr	Туре	Comm	peqts			
	4/19/200	3 17:1	1:45 W	FI	Response	Alect S	Sent to	S01		
	4/19/200	3 17:1	1:45 W	fi	Response	Alect S	Sout to	S12		
	4/19/200	3 17:1	1:45 W	FI	Response	Alert S	Sent to	S07		
	4/19/200	3 17:1	2:59 RI	MSInterface	Response	[Station 23100.	m 05 R 200300	esponse Dia 208093	trict] Record	l #:
	4/19/200	3 17:1	6:06 M	С	Response	[ProQA Summary:] Case Information Case number:0003005214 Location:5205 NORTHWOOD ST Callback number:907-245-5002 Problem:36 your not breathing Patients:1 Operator:MC Four commandment Information Age:36 years Geoder:Male Conscious:No				
	4/19/200)3 1 7 :1	6:0 6 M	c	Response	Breathing: No Chief complaint: 9 Dispatch information Recommended dispatch: 9-1 Actual dispatch: 9-1 Medical Response: Echo Responder script Dispatch code: 9-1 Dispatch level: You are responding to a patient in apparent cardiac (respirator				91 Actual Responder vel: You are
	4/19/200	03 17:1	.6:06 M	C	Response	Answer	scious crs 1. i uller is	and not bree scho not sek	thing. Key (ected from C iont. 3. The a	-
	4/19/200	3 17:1	6:06 M	IC .	Response	:) is no	t avail	able.		
	4/19/200	3 17:1	6:19 M	(C	Response	e apd or	n locati	ion during c	pr - they hun	g up the phone
	4/19/200	3 17:1	16:31 M	(C	Response	biood	comin	g from nose	and mouth	
	4/19/200	03 17:1	7:44 5	rw	Response	: E05 c	odo 99			
	4/19/200	03 17:3	33:09 S	rw .	Response	: 10 mi	nutes			
	4/19/200	03 17:4	13:24 S	rw .	Response	20 mi	Diffee			
	4/19/200	03 17:4	16:49 S	JW.	Response		t Status x, Stati		orAlaska Nat	ive Medical
	4/19/200	03 17:4	46:52 S	JW	Response		-	warning C	verridden.	
	4/19/200			(C	Response			aing to prov		
	4/19/200	03 17:	53:14 S	w	Response	_				
	4/19/200			w	Response	Unit I		nent positio CE DR.	n updated to	3200

Address Changes

AFD 2

http://afdcad01dwh01/Wobview/reports/IncidentReport.asp?65812

5/9/2005

MAY-09-2005 06:43AM From: 9072674984 0001400 PLTF

ID:ASHBURN&MASON

Page: 003 R=95%

APR-20-2007 01:32PM From: 360 782 4358 ID:CIVIL FAX RM

Page: 005 R=94%

Sent By: FRW; 360 782 4358; Apr-20-07 3:36PM; Page 6

Incident Detail Page 3 of 5

No Address Changes Priority Changes

No Priority Changes Alarm Level Changes

Date Time Change to Alarm

4/19/2003 17:11:34 Whetsell, Samentha J.

Call Activities

Date 4/19/2003 4/19/2003 4/19/2003	Time 18:33:22 18:33;22 17:22:58 17:22:44	Radio E07 B3 M01	Activity 11 - In Service Response Closed 05 - Pt Contact 05 - Pt Contact	Lecation	Comments	User SJW SJW SJW
4/19/2003	17:11:26	MV(Incident Late		Waiting incident marked as	22 W
4/19/2003	17:11: 34	M 01	01 - Dispatched	5205 Northwood St	Response Number (4-03- 02382)	wtz
4/19/2003	17:11:34	E07	01 - Dispetched	5205 Northwood St	Response Number (4-03-02383)	W L2
4/19/2003	17:11:34	B3	01 - Dispatched	5205 Northwood St	Response Number (4-03- 02384)	sīw
4/19/2003	17:12:58	E0 7	02 - Responding	5205 Northwood St	Responding From = Station 07	WLS
4/19/2003	17:13:00	M01	02 - Responding	5205 Northwood St	Responding From = Station 01	sJW
4/19/2003	17:13:04	B 3	02 - Responding	5205 Northwood St	Responding From = Station 12	SJW
4/19/2003	17:14:01	B 05	01 - Dispatched	\$205 Northwood St	Response Number (4-03-02387)	SJW
4/19/2003	17:14:04	E05	02 - Responding	5205 Northwood St	Responding From = Station 05	sJW
4/19/2003	17:15:46	E05	04 - On Location	5205 Northwood St		STW
4/19/2003	17:17:34	E 05	05 - Pt Contact			SJW
4/19/2003	17:19:33	E0 7	04 - On Location	5205 Northwood St		\$JW
4/19/2003	17:19:52	B 3	04 - On Location	5205 Northwood St		SJW
4/19/2003	17:20:57	M01	04 - On Location	5205 Northwood St		SJW
4/19/2003	17:46:43	M01	06 - Transporting	Alaska Native Medical Center		SJW
4/19/2003	17:47:03	MOI	Change Tx Destinatio			sø
4/19/2003	17:47:18	B 3	11 - In Service			SJW
4/19/2003	17:47:40	E07	08 - Delayed Respons			sjw
4/19/2003	17:50:09	E05	11 - In Service			STW

http://afdcad01dwh01/Wcbview/reports/IncidentReport.asp?65812 AFD 3 5/9/2005

MAY-09-2005 06:43AM From: 9072674984 ID:ASHBURN&MASON Page:004 R=95%

0001401 PLTF

APR-20-2007 01:32PM From: 360 782 4358 ID:CIVIL FAX RM

Case 3:0	04-cv-001	31-JKS	Document	81-3 Filed	d 05/24/2	007 Pa	ge 62 of 63
Sent By: FRW;			360 782 4	1358 ; A	or-20-07	3:37PM;	Page 7/11
Incident D	etail						Page 4 of 5
4/19/2003 4/19/2003			7 - At Hospital 1 In Service	Providence Hosp	ital		WIS WIS
Edit Log Date	Time Fi	eld	Changed From	-	Resson	Table	W
4/19/2003	3 17:11:06 Ac	ddress	(Blank)	5205 NORTHWOOD DR	New Entry	Response_M	aster_Incident AF
4/19/2003	3 17:11:09 A		5205 NORTHWOOD DR	5205 NORTHWOOD ST	Entry Verified	Response_M	ester_Incident AF
4/19/2003	3 17:11:25 M	lap_Info		192	POOKUD	Rcsponse_M	aster_Incident AF
4/19/2009	3 17:11:25 G	rid Numbe		ANSW1927	Polygon Lookup	response_use	_date_fields AF
4/19/200	3 17:11:26 Re	csponse_P		Level 4 EMS Respons	(Response Viewe	Response_M	aster_Incident AF
4/19/2003	3 17:11: 49 Pr	nority_N	2	1	Updated by ProQ	Response_M	aster_Incident AF
4/19/200	3 17:11:49 Pr	riority_ D	Baseline Red	Code Red	Updated by ProQ	Response_M	aster_Incident AF
4/19/200	3 17:11:49 Pr	roblem	1 Cardia/ Resp Arrest/Douth	zCardia/Resp Arrest/Death Lev4	(Response Viewe	Response_M	aster_Incident AF
4/19/200	3 17:11:49 D	eterminan		09 R01	(Response Views	Response_M	aster_Incident AF
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4/19/200	3 17:11:49 C	IS_Used	0	null	(Response Viewe	Response_M	aster_Incident AF
4/19/200	3 17:16:08 C	aller_Nam		MICROTEL	- 40 ., -	Response_M	Inster_Incident AF
4/19/200	3 17;46:53			Outside Defined Area	Polygon Lookup		AF
4/19 /200	3 17:46:53			Outside Defined Area	Polygon Lookup		AF
4/19/200	3 17:47:03 A	ddress	4315 DIPLOMACY DR	3200 Providence Dr	Hospital Divers	Rosponsc_T	ransports AF
4/19/200	3 17:47:05			Outside Defined Area	Polygon Lookup		Ař
4/1 9/2 00	3 17:47:05			Outside Dofined Area	Polygon Lookup		AF
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5/9/2005

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ID: ASHBURN&MASON

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Incident Detail

Page 5 of 5 Description Data

Grid Number ANSW1927

End of AFD Incident # 2003231000008921 Detail Report

AFD 5

ID:CIVIL FAX RM

http://afdcad01dwh01/Webview/reports/IncidentReport.asp?65812

APR-20-2007 01:33PM From: 360 782 4358

5/9/2005

Page: 008 R=94%

MAY-09-2005 06:44AM From: 9072674984 ID: ASHBURNZMASON Page: 006 R=95% 0001403 PLTF

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